

TW *DAC/H*

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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On May 22, 2006

TOWNSEND and TOWNSEND and CREW LLP

By: Jane L. Turner



PATENT
Attorney Docket No.: 18941H-002911US
Client Ref. No.: B98-006-2
Customer No.: 20350

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

GOODMAN *et al.*

Application No.: 10/826,812

Filed: April 16, 2004

For: ROBO: A NOVEL FAMILY OF
POLYPEPTIDES AND NUCLEIC
ACIDS

Confirmation No. 1573

Examiner: Sharon L. Turner

Art Unit: 1649

NOTIFICATION OF ERROR IN SMALL
ENTITY STATUS
AND PAYMENT OF DEFICIENCY
OWED UNDER 37 CFR §1.28(c)

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The above-identified continuation application filed on April 16, 2004 originally claimed small entity status in good faith. However, it has recently been discovered that such status as a small entity was established in error. The error was made without deceptive intent.

The following submission and itemization are submitted to meet the requirements of 37 CFR § 1.28(c)(1) and (c)(2). Applicants respectfully request the total deficiency payment be processed as set out below and that the error be excused.

05/25/2006 SLUANG1 00000008 201430 10826812

01 FC:1001 790.00 DA
02 FC:1252 450.00 DA

Appl. No. 10/826,812
Notification of Error in Small Entity Status and
Payment of Deficiency Owed dated May 22, 2006

PATENT

ITEMIZATION AND CALCULATION OF THE DEFICIENCY OWED

DATE FILED	TYPE OF FEE	SMALL FEE ACTUALLY PAID	(CURRENT) LARGE FEE APPLIED	DEFICIENCY PAYMENT OWED
04/16/04	Patent Application Filing Fee	\$385		\$615
	Filing Fees		\$300	
	Search Fees		\$500	
	Examination Fees		\$200	
10/15/04	2-Month Extension	\$215	\$450	\$235
	TOTALS	\$600	\$1450	\$850

TOTAL DEFICIENCY OWED: \$850

Applicants hereby authorize the Commissioner to deduct the total fees of \$850.00 from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account. This authorization is submitted in duplicate.

Respectfully submitted,

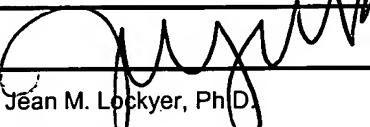
Jean M. Lockyer
Reg. No. 44,879

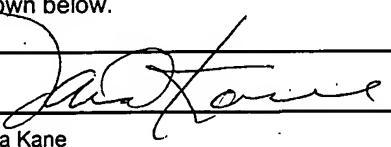
TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 415-576-0200
Fax: 415-576-0300
JML/mcd

60778276.v1
Adjustment date: 05/25/2006 SLUANGI
04/21/2004 MBELETE1 00000049 201430 10826812
01 FC:2001 385.00 CR

Adjustment date: 05/25/2006 SLUANGI
10/19/2004 GWORDOF1 00000074 201430 10826812
01 FC:2252 215.00 CR

 TRANSMITTAL FORM MAY 24 2006 <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/826,812
Total Number of Pages in This Submission	/3	Filing Date	April 16, 2004
		First Named Inventor	Goodman, Corey S
		Art Unit	1649
		Examiner Name	Sharon L. Turner
		Attorney Docket Number	18941H-002911US

ENCLOSURES (Check all that apply)					
<input checked="" type="checkbox"/> Fee Transmittal Form PTO/SB/17 (in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply-"Second Preliminary Amendment" <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1)-Notification of Error in Small Entity Status and Payment of Deficiency Owed w/fee (orig.+1) 2)-Return Postcard	
		<input type="checkbox"/> Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm Name	Townsend and Townsend and Crew LLP				
Signature					
Printed name	Jean M. Lockyer, PhD				
Date	May 22, 2006	Reg. No.	44,879		

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Dana Kane	Date	05/22/2006

<p style="text-align: center;">FEE TRANSMITTAL MAY 24 2006 For FY 2006</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p></p>		<p style="text-align: center;">Complete if Known</p> <table border="1"> <tr> <td>Application Number</td> <td>10/826,812</td> </tr> <tr> <td>Filing Date</td> <td>April 16, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Goodman, Corey S</td> </tr> <tr> <td>Examiner Name</td> <td>Sharon L. Turner</td> </tr> <tr> <td>Art Unit</td> <td>1649</td> </tr> <tr> <td>Attorney Docket No.</td> <td>18941H-002911US</td> </tr> </table>		Application Number	10/826,812	Filing Date	April 16, 2004	First Named Inventor	Goodman, Corey S	Examiner Name	Sharon L. Turner	Art Unit	1649	Attorney Docket No.	18941H-002911US
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Examiner Name	Sharon L. Turner														
Art Unit	1649														
Attorney Docket No.	18941H-002911US														
<p>TOTAL AMOUNT OF PAYMENT</p>		(\$) 400													

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>APPLICATION TYPE</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
19	-20 or HP =	0	x \$50 = \$0	Fee (\$)	Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
5 -3 or HP = 2 x \$200 = \$400

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY		Signature	Registration No. (Attorney/Agent)	Telephone
			44,879	415-576-0200
Name (Print/Type)		Jean M. Lockyer PWD.		Date 05/22/2006